Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section; Provision of Ante-natal and Post Natal Care services; prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation; Organizing Village Health & Nutrition Day at Anganwadi Centers; Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care Services by the community including pregnant women; Strengthening of health Facilities, that is, District Hospitals, Community Health Centres (CHCs) Primary Health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery; Systems strengthening through Village Health and Sanitation Committees at the village level.

Shortage of medical professional

634. SHRIMATI SHOBHANA BHARTIA:
DR. JANARDHAN WAGHMARE:
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether according to a WHO report India is facing acute shortage of medical personnel and health workers;

(b) if so, the facts and details thereof;

(c) whether shortage of health workers has affected the functioning of the National Rural Health Mission in the country; and

(d) if so, what immediate steps Government proposes to take to ensure that the National Rural Health Mission is not adversely affected due to shortage of health workers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. However, the WHO report showcases the availability of medical personnel and health workers in Year 2006 and is based on Government of India Bulletin on Rural Health Statistics is in India 2006.

(c) and (d) The situation of the human resource have improved after the launch of the National Rural Health Mission (NRHM). Human resource engagement is a major thrust area under NRHM and is a priority being pursued with the States. The various initiatives include contractual engagement of health staff based on local residence criteria, multi-skilling of doctors and para-medics, provision of incentives to serve in rural areas like blended payments, difficult area allowances, PG allowance, case based payments, improved accommodation arrangements, provision of Ayush doctors and paramedics in PHCs and CHCs as additional doctors in rural areas, block pooling of doctors in underserved areas, engaging with the non-government sector for underserved areas through contracting in or contracting put of human resources, empowering the community to exercise greater control over health care facilities, provision of untied and flexible funds are a few of the many measures being undertaken to ensure proper health care facilities for the rural poor in the country.

Guidelines on good clinical laboratory practices

635. SHRIMATI SHOBHANA BHARTIA:
SHRIMATI MOHSINA KIDWAI:
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether ICMR has recently prepared guidelines on Good Clinical Laboratory Practices for laboratories engaged, in medical research as well as those catering to patient care;

(b) if so, the details thereof;

(c) whether a large number of laboratories engaged in medical research are not providing right reports resulting in wrong treatment of patients; and

(d) if so, the manner in which such a control would be exercised by Government on such diagnostic and pathological laboratories?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. ICMR has recently prepared Guidelines on Good Clinical Laboratory Practices (GCLP) for laboratories engaged in medical research as well as those catering to patient care. Generation of laboratory results is a teamwork involving patient preparation, collection of sample and its processing, analysis, reporting of results and its transmission to the researcher/treating doctor and patient. To minimize errors, laboratories should follow laid down procedures at all times. GCLP guidelines elucidate these stepwise procedures which can be adopted by laboratories engaged in research as well as patient care. The guidelines can be accessed from ICMR website www.icmr.nic.in

(c) and (d) There is no data on number of laboratories engaged in medical research which are not providing right reports resulting in wrong treatment of patients in India. However, published reports indicate the need for taking measures for detecting and preventing errors in laboratories. These include laying down rules and responsibilities and following them, conducting internal quality control procedures and external quality assurance programmes.

In India, laboratories can volunteer for accreditation of one or more services offered by them. The National Accreditation Board for Testing and Calibration Laboratories (NABL) has been providing accreditations services to medical laboratories since 1998 and is currently following ISO 15189; 2007 standards.

Opening of new medical colleges

636. SHRI ISHWAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has decided to relax the rules for opening new medical colleges in the country;

(b) if so, the details thereof;

(c) the present status of proposals for new medical colleges pending for clearance with Government; and

(d) the steps taken by Government to clear the pending proposals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) The Government has conveyed its decision to the Medical Council of India (MCI) to revise the norms prescribed for opening of new medical colleges in MCI